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TO: AU 1751 - EXAMINER VIJAYAKUMAR

FAX NUMBER : 571-273-8300

FROM: KERRY S. CULPEPPER

FAX NUMBER: 703-707-9112

DATE: 18 APRIL 2006

REGARDING: SERIAL NUMBER 10/622,776

TOTAL NUMBER OF PAGES INCLUDING COVER: 8

PHONE NUMBER FOR FOLLOW-UP: 703-707-9110

COMMENTS:

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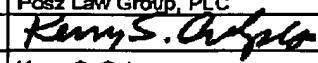
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/622,776
		Filing Date	7/21/2003
		First Named Inventor	HAGANO
		Art Unit	1751
		Examiner Name	Vijayakumar
Total Number of Pages in This Submission	2	Attorney Docket Number	26D-010

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ENCLOSURES <i>(Check all that apply)</i>			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	
		Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Posz Law Group, PLC		
Signature			
Printed name	Kerry S. Culpepper		
Date	18 April 2006	Reg. No.	45,672

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Kerry S. Culpepper	Date	18 April 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: HAGANO et al.

Atty. Dkt.: 26D-010

Serial No.: 10/622,776

Art Unit: 1751

Filed: 7/21/2003

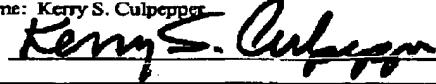
Examiner: Vijayakumar

Title: RESIN MEMBER AND METHOD
OF MANUFACTURING THE SAMERECEIVED
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Mail Stop Amendment
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Typed Name: Kerry S. Culpepper	
Signature: 	

AMENDMENT UNDER 37 CFR 1.111

Sir:

In response to the office action mailed 18 January 2006, please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks begin on page 4 of this paper.